

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2025
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONARCH DBA UMAR-PITZER	200 WELLINGTON DRIVE LINCOLNTON, NC 28092

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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<p>V 000 INITIAL COMMENTS</p> <p>An annual survey was completed on 5/21/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 6 and has a current census of 6. The survey sample consisted of an audit of 3 current clients.</p>	<p>V 000</p>		
<p>V 118 27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	<p>V 118</p>	<p>V 118</p> <p>1. Residential Manager will complete weekly Medication Closet Check to include review of MAR, Medications, and Physician Orders for 3 months.</p> <p>2. This will be documented on a Medication Closet Checklist form and stored in a notebook and sent to Residential Team Leader for review.</p> <p>3. Residential Director will review all Medication Closet Checklist during site visit.</p>	<p>Beginning 6/6/25</p>
		<p>RECEIVED</p> <p>JUN 12 2025</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Omar Palk BCL 2P

Residential Director

06 / 05 / 2025

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 2 of 3 clients (#1,#3).</p> <p>Review on 5/21/25 of Client #1's record revealed: -Date of admission: 3/12/04. -Diagnoses: Impulse Control Disorder, Moderate Intellectual Developmental Disability (IDD), Speech Disturbance, Dyslipidemia. -Physician's order dated 8/30/24 included: -Ocusoft lid scrub pad- use on both eye lids once daily.</p> <p>Review on 5/21/25 of MARs 3/1/25-5/21/25 for Client #1 revealed: -Ocusoft was not documented as administered 4/1/25-5/21/25. (51 doses)</p> <p>Review on 5/21/25 of Client #3's record revealed: -Date of admission: 12/29/15. -Diagnoses: Delusional Disorder, Severe IDD, Type II diabetes, Hypertension, Anemia, Essential Tremor, Gastroesophageal Reflux, Vitamin D Deficiency. -Physician's orders included: -Lisinopril 10milligram (mg) (hypertension) - 1</p>	V 118	This Page Intentionally Left Blank		

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V 118	<p>Continued From page 2</p> <p>tablet (tab) daily ordered 9/23/24; order on 3/31/25 increased to 20mg tab daily.</p> <p>-Haloperidol 1mg (anti-psychotic) - 1 tab daily at bedtime ordered 9/6/24; order on 3/31/25 decreased to ½ tab daily at bedtime.</p> <p>-There was no physician's order for multivitamin.</p> <p>Review on 5/21/25 of MARs 3/1/25-5/21/25 for Client #3 revealed:</p> <p>-Lisinopril 10mg was documented as administered 4/1/25-4/30/25. (30 doses)</p> <p>-Haloperidol "take 1 tab" was printed on the April MAR however "(0.5mg) Dr changed" and "1/2" was handwritten in the haloperidol section. Haloperidol was documented as administered 4/2-4/30/25 although there was no additional documentation to indicated if 1 tab or ½ tab was administered.</p> <p>-Multivitamin was documented at administered on 4/16/25, 4/17/25, 4/29/25, 4/30/25, 5/1-5/21/25. (25 doses)</p> <p>Observation on 5/21/25 at approximately 10am of Client #1's medication revealed 1 box of Ocusoft lid scrub (box of 30 individually wrapped pads) with the top of the box removed and was about ¾ full. The pharmacy label revealed this medication was dispensed on 5/7/25.</p> <p>Additional observation of Client #3's medication revealed 1 blister pack card for Lisinopril 20mg, Haloperidol 1mg blister pack card with ½ tabs in each bubble and 1 blister pack card of multivitamin, all dispensed on 5/15/25.</p> <p>Interview on 5/21/25 with Client #1 revealed:</p> <p>-Responded "yes" when asked if staff wiped his eyes with a pad every morning.</p> <p>Interview on 5/21/25 with Client #3 revealed:</p> <p>-He was administered medications but didn't</p>	V 118	This Page Intentionally Left Blank	

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V 118	<p>Continued From page 3</p> <p>know the names.</p> <p>Interview on 5/21/25 with the licensee's contracted pharmacy revealed:</p> <ul style="list-style-type: none"> -Client #3's Lisinopril 20mg was received on 3/31/25 and a 17-day supply was dispensed on 3/31/25. -Client #3's Haloperidol ½ tab of 1mg order was received on 3/31/25. A 17-day supply was dispensed on 4/1/25. It was dispensed again with cycle medications on 4/12/25 and 5/8/25. -Initial order for Client #3's multivitamin was received on 4/11/25. On 4/12/24, a 5-day supply was dispensed which was the remainder of a previous prescription. On 4/25/25, a 20-day supply was dispensed to get the medication caught up with the cycle refills. <p>Interview on 5/21/25 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> -"Our nurse was just here to review ..." -"Staff should have called me to say they have meds (medications) but no script (prescription) for it." -"A new section on the MAR should have been created to show the change in dosages." -Staff had been in facility longer than she had been manager and there were still some communication issues. She would be addressing this. <p>Interview on 4/24/25 with the Residential Director/Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Had been acting QP since November 2024. -He was in the houses weekly but always available. -The facility did not have direct nursing oversight but "nurse could come at my request." -The residential manager was responsible for medications, orders and MARs. 	V 118	This Page Intentionally Left Blank	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

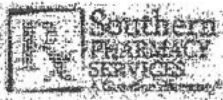
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200 WELLINGTON DRIVE
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V 121	Continued From page 5 -Physician ordered medications: -Sertraline 100milligram (mg) (depression) - 1 tablet (tab) daily at bedtime ordered 3/20/24. -Haloperidol 1mg (anti-psychotic) - 1 tab daily at bedtime ordered 9/6/24; order on 3/31/25 decreased to ½ tab daily at bedtime. -The last drug review was completed on 2/3/23. There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #3. Interview on 5/21/25 with the Residential Director/Qualified Professional revealed: -Their pharmacy "looked at the medications either virtually or come out" (to the facility). -Not sure when this facility last had a review ... "probably had one but don't have the copy (of the review)."	V 121	This Page Intentionally Left Blank	



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: NO KNOWN DRUG ALLERGY

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 26464 Drug: RISPERIDONE 0.5MG TAB

OrigDt: 8/9/2024

Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ANTIPSYCHOTICS/ANTIMANIC AGENTS*

Therapeutic Class: 281608

Chronic RX

Order#: 29418 Drug: RISPERIDONE 1 MG TABLET

OrigDt: 12/3/2024

Last Fill 1/16/2025

TAKE 1 AND 1/2 TABLETS (1.5MG) BY MOUTH EVERY MORNING

Drug Group: *ANTIPSYCHOTICS/ANTIMANIC AGENTS*

Therapeutic Class: 281608

Chronic RX

Order#: 26465 Drug: SOLIFENACIN 5MG TAB

OrigDt: 8/9/2024

Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *URINARY ANTISPASMODICS*

Therapeutic Class: 861204

Chronic RX

Order#: 24515 Drug: traZODone 50MG TAB

OrigDt: 12/19/2023

Last Fill 3/18/2024

TAKE 1 TABLET BY MOUTH AT BEDTIME FOR SLEEP ; MAY REPEAT DOSE IN 4 HOURS AS NEEDED FOR MIDDLE INSOMNIA

Drug Group: *ANTIDEPRESSANTS*

Therapeutic Class: 281604

Chronic RX

Order#: 1511 Drug: ACCUCHECK--MISC

OrigDt: 12/17/2015

Last Fill 4/1/2016

CHECK FSBS 3 TIMES A DAY

Drug Group: *PHARMACEUTICAL ADJUVANTS*

Therapeutic Class:

Chronic OTC

Order#: 29809 Drug: AMMONIUM LACTATE 12% CREAM

OrigDt: 10/20/2020

Last Fill 1/28/2025

APPLY TO AFFECTED AREA TWICE A DAY

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 842404

Chronic OTC

Order#: 13438 Drug: CONTOUR NEXT BLOOD STRIP

OrigDt: 5/30/2020

Last Fill 5/30/2020

USE TO CHECK BLOOD SUGAR

Drug Group: *DIAGNOSTIC PRODUCTS*

Therapeutic Class: 362600

Chronic OTC

Order#: 26505 Drug: MELATONIN 5 MG TABLET

OrigDt: 9/18/2024

Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ALTERNATIVE MEDICINES*

Therapeutic Class: 929200

Chronic OTC



UMAR

UMAR PITZER

Primary Physician:

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 29084 Drug: VITAMIN D3 50 MCG (2000IU)CAP OrigDt: 10/21/2024 Last Fill 1/16/2025

TAKE 1 CAPSULE BY MOUTH ONCE DAILY **DO NOT CRUSH**

Drug Group: *VITAMINS*

Therapeutic Class: 881600

Chronic OTC

Order#: 25454 Drug: BAQSIMI 3 MG SPRAY ONE PACK
SPRAY 1 SPRAY INTO ONE NOSTRIL FOR A SINGLE DOSE AS NEEDED

OrigDt: 1/28/2022 Last Fill 5/30/2024

Drug Group: *ANTIDIABETICS*

Therapeutic Class: 682212

PRN RX

Order#: 18770 Drug: BAQSIMI 3 MG SPRAY ONE PACK
SPRAY 1 SPRAY INTO ONE NOSTRIL FOR A SINGLE DOSE AS NEEDED

OrigDt: 1/28/2022 Last Fill 1/28/2022

Drug Group: *ANTIDIABETICS*

Therapeutic Class: 682212

PRN RX

Order#: 14356 Drug: GLUCAGEN HYPOKIT 1MG SOLR
USE AS DIRECTED

OrigDt: 2/18/2014 Last Fill 10/7/2020

Drug Group: *ANTIDIABETICS*

Therapeutic Class: 682212

PRN RX

Order#: 22129 Drug: HYDROXYZINE PAM 25 MG CAP
TAKE 1 CAPSULE BY MOUTH EVERY DAY AS NEEDED FOR ANXIETY /AGITATION (DO NOT CRUSH)

OrigDt: 3/30/2023 Last Fill 3/30/2023

Drug Group: *ANTIANXIETY AGENTS*

Therapeutic Class: 282492

PRN RX

Order#: 29417 Drug: LORAZEPAM 0.5 MG TABLET
TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR ANXIETY/AGITATION (CONTROL)

OrigDt: 5/8/2024 Last Fill 1/3/2025

Drug Group: *ANTIANXIETY AGENTS*

Therapeutic Class: 282408

PRN RX C-IV

Order#: 21986 Drug: ONDANSETRON ODT 4MG TAB DP
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR NAUSEA OR VOMITING

OrigDt: 3/10/2023 Last Fill 3/10/2023

Drug Group: *ANTIEMETICS*

Therapeutic Class: 562220

PRN RX

Order#: 370 Drug: TYLENOL COLD 10-5-325 TAB
USE AS DIRECTED PER LABEL DIRECTIONS PER STANDING MEDICAL ORDERS

OrigDt: 5/17/2016 Last Fill 5/17/2016

Drug Group:

Therapeutic Class:

PRN RX



UMAR

UMAR PITZER

Primary Physician:

Patient: [REDACTED] Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 21983 Drug: ACCUCHECK

OrigDt: 3/10/2023 Last Fill 3/10/2023

CHECK FSBS AS NEEDED

Drug Group: *PHARMACEUTICAL ADJUVANTS*

Therapeutic Class:

PRN OTC

Order#: 24342 Drug: ACETAMINOPHEN 325MG TAB

OrigDt: 5/17/2016 Last Fill 1/11/2024

TAKE 2 TABLET=650MG BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC

Order#: 27941 Drug: ACETAMINOPHEN ES 500MG TAB

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 TABLETS=1000MG BY MOUTH EVERY 6 HOURS AS NEEDED - MILD PAIN/TEMP >100 *CALL SUPERVISOR/NURSING IF TEMP >100 ONE HOUR AFTER ADMIN OR PAIN UNRELIEVED*

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC

Order#: 23639 Drug: AMMONIUM LACTATE 12% LOTN

OrigDt: 10/5/2023 Last Fill 10/5/2023

APPLY TOPICALLY TO AFFECTED AREA(S) AS NEEDED FOR DRY SKIN

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 842404

PRN OTC

Order#: 1505 Drug: ANTACID 500MG CHEW (CALCIUM)

OrigDt: 2/18/2014 Last Fill 3/9/2015

USE AS DIRECTED PER LABEL DIRECTIONS PER STANDING MEDICAL ORDERS

Drug Group: *ANTACIDS*

Therapeutic Class: 560400

PRN OTC

Order#: 27942 Drug: ARTIFICIAL TEARS DROPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

INSTILL 2 DROPS INTO AFFECTED EYE(S) TWICE DAILY AS NEEDED - DRY/IRRITATED EYES *CALL SUPERVISOR/IRRITATED EYES NOT RELIEVED*

Drug Group: *OPHTHALMIC AGENTS*

Therapeutic Class: 529200

PRN OTC

Order#: 27943 Drug: BANOPHEN 25MG CAPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED - ALLERGIC SYMPTOMS *CALL SUPERVISOR/NURSING IF SYMPTOMS NOT RELIEVED*

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040400

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 28916 Drug: CETIRIZINE HCL 10 MG TAB

OrigDt: 3/10/2023

Last Fill 10/7/2024

TAKE 1 TABLET BY MOUTH EVERY DAY AS NEEDED FOR ALLERGIES

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040800

PRN OTC

Order#: 27944 Drug: DEEP SEA NASAL SPRAY 0.65% SOL

OrigDt: 9/25/2024

Last Fill 9/25/2024

SPRAY 2 SPRAYS IN EACH NOSTRIL THREE TIMES DAILY AS NEEDED - NASAL CONGESTION

Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL*

Therapeutic Class: 529200

PRN OTC

Order#: 27945 Drug: EAR DROPS 6.5% OTIC SOL(DEBROX

OrigDt: 9/25/2024

Last Fill 9/25/2024

PLACE 5 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR UP TO 4 DAYS AS NEEDED - EAR WAX REMOVAL

Drug Group: *OTIC AGENTS*

Therapeutic Class: 520424

PRN OTC

Order#: 27946 Drug: GERI-LANTA SUSP 200/200/20mg

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - INDIGESTION/HEARTBURN *CALL SUPERVISOR/NURSING IF NO RELIEF AFTER 1HR OF ADMIN*

Drug Group: *ANTACIDS*

Therapeutic Class: 560400

PRN OTC

Order#: 27947 Drug: GERI-TUSSIN 100MG/5ML SF/AF

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - NASAL/CHEST CONGESTION AND COUGH SUPPRESSANT

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 481600

PRN OTC

Order#: 27948 Drug: GERI-TUSSIN DM 10-100MG/5ML

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH FOUR TIMES DAILY AS NEEDED - COUGH WITHOUT NASAL CONGESTION

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 480800

PRN OTC

Order#: 24979 Drug: GLUCOSE 4GM CHEW

OrigDt: 3/25/2024

Last Fill 1/7/2025

CHEW 4 TABLETS BY MOUTH EVERY DAY AS NEEDED FOR LOW BLOOD SUGAR

Drug Group: *ANTIDIABETICS*

Therapeutic Class: 682292

PRN OTC

Order#: 27949 Drug: HYDROCORTISONE 1% CREAM

OrigDt: 9/25/2024

Last Fill 9/25/2024

APPLY TO AFFECTED AREA SPARINGLY FOUR TIMES DAILY AS NEEDED - INSECT BITES, POISON IVY, OR DERMATITIS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 840608

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 24343 Drug: IBUPROFEN 200MG TAB OrigDt: 7/8/2021 Last Fill 1/11/2024
TAKE 2 TABLETS (400MG) BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN
Drug Group: *ANALGESICS - ANTI-INFLAMMATORY* Therapeutic Class: 280804
PRN OTC

Order#: 27951 Drug: MILK OF MAGN SUS 400/5ML CHERR OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 30 ML BY MOUTH EVERY DAY AS NEEDED FOR CONSTIPATION / NO BOWEL MOVEMENT IN 3 DAYS *CALL
SUPERVISOR/NURSING IF NO BOWEL MOVEMENT WITHIN 6HRS OF ADMIN*
Drug Group: *LAXATIVES* Therapeutic Class: 561200
PRN OTC

Order#: 14352 Drug: NASAL DECONGESTANT 0.05% SPRAY OrigDt: 5/17/2016 Last Fill 10/7/2020
INSTILL 2 SPRAYS IN EACH NOSTRIL EVERY 12 HOURS AS NEEDED **DO NOT USE MORE THAN 3 DAYS IN A ROW AND WAIT 5 DAYS
BEFORE USING AG
Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL* Therapeutic Class: 523200
PRN OTC

Order#: 27952 Drug: OFF FAMILYCARE 7% RPLNT SPRAY OrigDt: 9/25/2024 Last Fill 9/25/2024
MAY USE WITH LOW DEET RATION WHEN ON OUTINGS PER PACKAGE DIRECTIONS
Drug Group: *DERMATOLOGICALS* Therapeutic Class: 849200
PRN OTC

Order#: 27953 Drug: SORE THROAT SPR 1.4% LIQ S/F OrigDt: 9/25/2024 Last Fill 9/25/2024
SPRAY THROAT 5 TIMES AND SWALLOW. MAY REPEAT Q2HPRN. - IRRITATED THROAT *CALL SUPERVISOR/NURSING IF TEMP>100
OCCURS*
Drug Group: *MOUTH/THROAT/DENTAL AGENTS* Therapeutic Class: 522800
PRN OTC

Order#: 27954 Drug: SUNSCREEN SP SPF 50 OrigDt: 9/25/2024 Last Fill 9/25/2024
MAY USE TOPICALLY WHEN ON OUTINGS - ON SUNDAY PROTECTION
Drug Group: Therapeutic Class:
PRN OTC

Order#: 14355 Drug: TRUEPLUS GLUCOSE 4GM CHEW OrigDt: 2/18/2014 Last Fill 3/21/2022
CHEW 4 TABLETS BY MOUTH AS NEEDED FOR LOW BLOOD SUGAR
Drug Group: *ANTIDIABETICS* Therapeutic Class: 682292
PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient: Birth Date:

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

Order#: 27955 Drug: VASELINE LIP THER OINT OrigDt: 9/25/2024 Last Fill 9/25/2024

APPLY TOPICALLY TO LIPS FOUR TIMES DAILY AS NEEDED - DRY LIPS

Drug Group: Therapeutic Class:

PRN OTC

Order#: 17750 Drug: MONOJECT INSULIN SYR 1ML/29G OrigDt: 10/11/2021 Last Fill 10/11/2021

USE WITH INSULIN

Drug Group: *MEDICAL DEVICES AND SUPPLIES* Therapeutic Class: 940000

Supply RX

Order#: 20557 Drug: ACCU-CHEK FASTCLIX LANCET OrigDt: 3/27/2019 Last Fill 11/25/2022

USE AS DIRECTED

Drug Group: *MEDICAL DEVICES AND SUPPLIES* Therapeutic Class: 940000

Supply OTC

Order#: 24306 Drug: ACCU-CHEK FASTCLIX LANCET KIT OrigDt: 3/22/2019 Last Fill 1/2/2024

USE AS DIRECTED TO CHECK FSBS THREE TIMES A DAY

Drug Group: *MEDICAL DEVICES AND SUPPLIES* Therapeutic Class: 940000

Supply OTC

Order#: 29840 Drug: ACCU-CHEK GUIDE TEST STRIP 50 OrigDt: 7/28/2021 Last Fill 2/2/2025

USE AS DIRECTED TO CHECK FSBS SIX TIMES A DAY

Drug Group: *DIAGNOSTIC PRODUCTS* Therapeutic Class: 362600

Supply OTC

Order#: 1502 Drug: ALCOHOL 70% PREPS PAD OrigDt: 2/18/2014 Last Fill 4/1/2016

USE AS DIRECTED

Drug Group: *MEDICAL DEVICES AND SUPPLIES* Therapeutic Class: 940000

Supply OTC

Order#: 21968 Drug: BD AUTOSHIELD DUO 30GX3/16" OrigDt: 3/6/2023 Last Fill 3/6/2023

USE WITH INSULIN

Drug Group: *MEDICAL DEVICES AND SUPPLIES* Therapeutic Class: 940000

Supply OTC



UMAR

UMAR PITZER

Primary Physician:

Patient: [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DIABETES, SCHIZOPHRENIA, HYPERTENSION, ADD, HYPOTHYROIDISM, ALLERGIC RHINITIS

The Pharmacist signature below indicates a 6 month drug regimen review has been completed

Pharmacy Comments: No recommendations

Pharmacist Signature: [REDACTED]



UMAR

UMAR PITZER

Patient

Primary Physician:

Birth Date:

Allergy: No Known Drug Allergy

Dx: DEPRESSION W/ ANXIETY; CEREBRAL PALSY; ENVIRONMENTAL ALLERGIES; MODERATE INTELLECTUAL
DIABILITY; OBSTRUCTIVE SLEEP APNEA ON CPAP

Order#: 26470 Drug: FLUOXETINE 20MG CAP

OrigDt: 8/27/2024 Last Fill 1/16/2025

TAKE 1 CAPSULE BY MOUTH ONCE DAILY (DO NOT CRUSH)

Drug Group: *ANTIDEPRESSANTS*

Therapeutic Class: 281604

Chronic RX

Order#: 28085 Drug: LOPERAMIDE 2MG CAPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 CAPSULES =4MG BY MOUTH AFTER 1ST DIARRHEA STOOL ; TAKE 1 CAPSULE AFTER EACH SUBSEQUENT LOOSE STOOL (CALL
SUPERVISOR/NURSING FOR DIARRHEA LASTING LONGER

Drug Group: *ANTIDIARRHEAL/PROBIOTIC AGENTS*

Therapeutic Class: 560800

Chronic RX

Order#: 26471 Drug: MONTELUKAST 10MG TAB

OrigDt: 8/27/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *ANTIASTHMATIC AND BRONCHODILATOR AGENTS*

Therapeutic Class: 481024

Chronic RX

Order#: 26472 Drug: OMEPRAZOLE 40MG CAP DR

OrigDt: 8/27/2024 Last Fill 1/16/2025

TAKE 1 CAPSULE BY MOUTH ONCE DAILY (DO NOT CRUSH)

Drug Group: *ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*

Therapeutic Class: 562836

Chronic RX

Order#: 28076 Drug: ACETAMINOPHEN ES 500MG TAB

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 TABLETS =1000MG BY MOUTH EVERY 6 HOURS AS NEEDED - MILD PAIN/TEMP >100 *CALL SUPERVISOR/NURSING IF TEMP
>100 ONE HOUR AFTER ADMIN OR PAIN UNRELIEVED*

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC

Order#: 28077 Drug: ARTIFICIAL TEARS DROPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

INSTILL 2 DROPS INTO AFFECTED EYE(S) TWICE DAILY AS NEEDED - DRY/IRRITATED EYES *CALL SUPERVISOR/IRRITATED EYES NOT
RELIEVED*

Drug Group: *OPHTHALMIC AGENTS*

Therapeutic Class: 529200

PRN OTC

Order#: 28078 Drug: BANOPHEN 25MG CAPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED - ALLERGIC SYMPTOMS *CALL SUPERVISOR/NURSING IF SYMPTOMS
NOT RELIEVED*

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040400

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DEPRESSION W/ ANXIETY; CEREBRAL PALSY; ENVIRONMENTAL ALLERGIES; MODERATE INTELLECTUAL DIABILITY; OBSTRUCTIVE SLEEP APNEA ON CPAP

Order#: 28079 Drug: DEEP SEA NASAL SPRAY 0.65% SOL OrigDt: 9/25/2024 Last Fill 9/25/2024
SPRAY 2 SPRAYS IN EACH NOSTRIL THREE TIMES DAILY AS NEEDED - NASAL CONGESTION
Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL* Therapeutic Class: 529200
PRN OTC

Order#: 28080 Drug: EAR DROPS 6.5% OTIC SOL(DEBROX) OrigDt: 9/25/2024 Last Fill 9/25/2024
PLACE 5 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR UP TO 4 DAYS AS NEEDED - EAR WAX REMOVAL
Drug Group: *OTIC AGENTS* Therapeutic Class: 520424
PRN OTC

Order#: 28081 Drug: GERI-LANTA SUSP 200/200/20mg OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - INDIGESTION/HEARTBURN *CALL SUPERVISOR/NURSING IF NO RELIEF AFTER 1HR OF ADMIN*
Drug Group: *ANTACIDS* Therapeutic Class: 560400
PRN OTC

Order#: 28082 Drug: GERI-TUSSIN 100MG/5ML SF/AF OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - NASAL/CHEST CONGESTION AND COUGH SUPPRESSANT
Drug Group: *COUGH/COLD/ALLERGY* Therapeutic Class: 481600
PRN OTC

Order#: 28083 Drug: GERI-TUSSIN DM 10-100MG/5ML OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 10 ML BY MOUTH FOUR TIMES DAILY AS NEEDED - COUGH WITHOUT NASAL CONGESTION
Drug Group: *COUGH/COLD/ALLERGY* Therapeutic Class: 480800
PRN OTC

Order#: 28084 Drug: HYDROCORTISONE 1% CREAM OrigDt: 9/25/2024 Last Fill 9/25/2024
APPLY TO AFFECTED AREA SPARINGLY FOUR TIMES DAILY AS NEEDED - INSECT BITES, POISON IVY, OR DERMATITIS
Drug Group: *DERMATOLOGICALS* Therapeutic Class: 840608
PRN OTC

Order#: 28086 Drug: MILK OF MAGN SUS 400/5ML CHERR OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 30 ML BY MOUTH EVERY DAY AS NEEDED FOR CONSTIPATION / NO BOWEL MOVEMENT IN 3 DAYS *CALL SUPERVISOR/NURSING IF NO BOWEL MOVEMENT WITHIN 6HRS OF ADMIN*
Drug Group: *LAXATIVES* Therapeutic Class: 561200
PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DEPRESSION W/ ANXIETY; CEREBRAL PALSY; ENVIRONMENTAL ALLERGIES; MODERATE INTELLECTUAL
DIABILITY; OBSTRUCTIVE SLEEP APNEA ON CPAP

Order#: 28087 Drug: OFF FAMILYCARE 7% RPLNT SPRAY OrigDt: 9/25/2024 Last Fill 9/25/2024

MAY USE WITH LOW DEET RATION WHEN ON OUTINGS PER PACKAGE DIRECTIONS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 849200

PRN OTC

Order#: 28088 Drug: SORE THROAT SPR 1.4% LIQ S/F OrigDt: 9/25/2024 Last Fill 9/25/2024

SPRAY THROAT 5 TIMES AND SWALLOW. MAY REPEAT Q2HPRN. - IRRITATED THROAT *CALL SUPERVISOR/NURSING IF TEMP>100
OCCURS*

Drug Group: *MOUTH/THROAT/DENTAL AGENTS*

Therapeutic Class: 522800

PRN OTC

Order#: 28089 Drug: SUNSCREEN SP SPF 50 OrigDt: 9/25/2024 Last Fill 9/25/2024

MAY USE TOPICALLY WHEN ON OUTINGS - ON SUNDAY PROTECTION

Drug Group:

Therapeutic Class:

PRN OTC

Order#: 28090 Drug: VASELINE LIP THER OINT OrigDt: 9/25/2024 Last Fill 9/25/2024

APPLY TOPICALLY TO LIPS FOUR TIMES DAILY AS NEEDED - DRY LIPS

Drug Group:

Therapeutic Class:

PRN OTC

The Pharmacist signature below indicates a 6 month drug regimen review has been completed

Pharmacy Comments: No recommendations

Pharmacist Signature: [REDACTED]



UMAR

UMAR PITZER

Primary Physician: [REDACTED]

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DELUSIONAL DISORDER, TYPE2 DIABETES, ANEMIA, HYPERTENSION, ESSENTIAL TREMOR, GERD, VITD DEFICIENCY MIXED HYPERLIPIDEMIA

Order#: 26473 Drug: BENZTROPINE 1MG TAB OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ANTIPARKINSON AND RELATED THERAPY AGENTS* Therapeutic Class: 283608

Chronic RX

Order#: 26474 Drug: HALOPERIDOL 1MG TAB OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ANTIPSYCHOTICS/ANTIMANIC AGENTS* Therapeutic Class: 281608

Chronic RX

Order#: 26525 Drug: LISINOPRIL 10MG TAB OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *ANTIHYPERTENSIVES* Therapeutic Class: 243204

Chronic RX

Order#: 28160 Drug: LOPERAMIDE 2MG CAPS OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 CAPSULES =4MG BY MOUTH AFTER 1ST DIARRHEA STOOL ; TAKE 1 CAPSULE AFTER EACH SUBSEQUENT LOOSE STOOL (CALL SUPERVISOR/NURSING FOR DIARRHEA LASTING LONGER

Drug Group: *ANTIDIARRHEAL/PROBIOTIC AGENTS* Therapeutic Class: 560800

Chronic RX

Order#: 25563 Drug: LOVASTATIN 40MG TABS OrigDt: 6/4/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ANTIHYPERLIPIDEMICS* Therapeutic Class: 240608

Chronic RX

Order#: 26475 Drug: METFORMIN HCL 500 MG TABLET OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 2 TABLETS (=1000MG) BY MOUTH TWICE DAILY

Drug Group: *ANTIDIABETICS* Therapeutic Class: 682004

Chronic RX

Order#: 26476 Drug: PIOGLITAZONE 45MG TAB OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *ANTIDIABETICS* Therapeutic Class: 682028

Chronic RX

Order#: 26477 Drug: SERTRALINE 100 MG TABS OrigDt: 9/6/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH EVERY MORNING

Drug Group: *ANTIDEPRESSANTS* Therapeutic Class: 281604

Chronic RX



UMAR

UMAR PITZER

Primary Physician: [REDACTED]

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DELUSIONAL DISORDER, TYPE2 DIABETES, ANEMIA, HYPERTENSION, ESSENTIAL TREMOR, GERD, VITD
DEFICIENCY MIXED HYPERLIPIDEMIA

Order#: 26409 Drug: ACCUCHECK

OrigDt: 9/16/2024 Last Fill 9/16/2024

CHECK BS ONCE A WEEK

Drug Group: *PHARMACEUTICAL ADJUVANTS*

Therapeutic Class:

Chronic OTC

Order#: 26508 Drug: ASPIRIN LOW DOSE 81MG CHEW TAB

OrigDt: 9/18/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY FOR HEART PROTECTION FOR DIABETES

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280804

Chronic OTC

Order#: 29105 Drug: FOLIC ACID 400MCG TAB

OrigDt: 10/21/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH QD. TAKE WITH B12

Drug Group: *HEMATOPOIETIC AGENTS*

Therapeutic Class: 880800

Chronic OTC

Order#: 28893 Drug: VITAMIN B-12 SUB 1000MCG

OrigDt: 10/2/2024 Last Fill 1/16/2025

DISSOLVE 1 TABLET SUBLINGUALLY ONCE DAILY (GIVE WITH FOLIC ACID)

Drug Group: *HEMATOPOIETIC AGENTS*

Therapeutic Class: 880800

Chronic OTC

Order#: 29107 Drug: VITAMIN D3 1000U (25MCG) TAB

OrigDt: 10/21/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *VITAMINS*

Therapeutic Class: 881600

Chronic OTC

Order#: 29106 Drug: VITRON-C 65/125MG TAB

OrigDt: 10/21/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY

Drug Group: *HEMATOPOIETIC AGENTS*

Therapeutic Class: 200404

Chronic OTC

Order#: 25884 Drug: IBUPROFEN 800MG TAB

OrigDt: 7/18/2024 Last Fill 7/18/2024

TAKE 1 TABLET BY MOUTH THREE TIMES DAILY AS NEEDED (MORNING , NOON AND BEDTIME) FOR MILD PAIN

Drug Group: *ANALGESICS - ANTI-INFLAMMATORY*

Therapeutic Class: 280804

PRN RX

Order#: 21553 Drug: NAPROXEN 500MG TAB

OrigDt: 1/10/2023 Last Fill 1/10/2023

TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR MILD PAIN (GIVE WITH FOOD AND 4OZ. OF FLUID)

Drug Group: *ANALGESICS - ANTI-INFLAMMATORY*

Therapeutic Class: 280804

PRN RX



UMAR

UMAR PITZER

Primary Physician: [REDACTED]

Patient: [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DELUSIONAL DISORDER, TYPE2 DIABETES, ANEMIA, HYPERTENSION, ESSENTIAL TREMOR, GERD, VITD
DEFICIENCY MIXED HYPERLIPIDEMIA

Order#: 26410 Drug: ACCUCHECK

OrigDt: 9/16/2024

Last Fill 9/16/2024

CHECK BS AS NEEDED

Drug Group: *PHARMACEUTICAL ADJUVANTS*

Therapeutic Class:

PRN

OTC

Order#: 28151 Drug: ACETAMINOPHEN ES 500MG TAB

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 2 TABLETS =1000MG BY MOUTH EVERY 6 HOURS AS NEEDED - MILD PAIN/TEMP >100 *CALL SUPERVISOR/NURSING IF TEMP
>100 ONE HOUR AFTER ADMIN OR PAIN UNRELIEVED*

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN

OTC

Order#: 28152 Drug: ARTIFICIAL TEARS DROPS

OrigDt: 9/25/2024

Last Fill 9/25/2024

INSTILL 2 DROPS INTO AFFECTED EYE(S) TWICE DAILY AS NEEDED - DRY/IRRITATED EYES *CALL SUPERVISOR/IRRITATED EYES NOT
RELIEVED*

Drug Group: *OPHTHALMIC AGENTS*

Therapeutic Class: 529200

PRN

OTC

Order#: 28153 Drug: BANOPHEN 25MG CAPS

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED - ALLERGIC SYMPTOMS *CALL SUPERVISOR/NURSING IF SYMPTOMS
NOT RELIEVED*

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040400

PRN

OTC

Order#: 28154 Drug: DEEP SEA NASAL SPRAY 0.65% SOL

OrigDt: 9/25/2024

Last Fill 9/25/2024

SPRAY 2 SPRAYS IN EACH NOSTRIL THREE TIMES DAILY AS NEEDED - NASAL CONGESTION

Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL*

Therapeutic Class: 529200

PRN

OTC

Order#: 28155 Drug: EAR DROPS 6.5% OTIC SOL(DEBROX

OrigDt: 9/25/2024

Last Fill 9/25/2024

PLACE 5 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR UP TO 4 DAYS AS NEEDED - EAR WAX REMOVAL

Drug Group: *OTIC AGENTS*

Therapeutic Class: 520424

PRN

OTC

Order#: 28156 Drug: GERI-LANTA SUSP 200/200/20mg

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - INDIGESTION/HEARTBURN *CALL SUPERVISOR/NURSING IF NO RELIEF AFTER
1HR OF ADMIN*

Drug Group: *ANTACIDS*

Therapeutic Class: 560400

PRN

OTC



UMAR

UMAR PITZER

Primary Physician: [REDACTED]

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx: DELUSIONAL DISORDER, TYPE2 DIABETES, ANEMIA, HYPERTENSION, ESSENTIAL TREMOR, GERD, VITD DEFICIENCY MIXED HYPERLIPIDEMIA

Order#: 28157 Drug: GERI-TUSSIN 100MG/5ML SF/AF OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - NASAL/CHEST CONGESTION AND COUGH SUPPRESSANT

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 481600

PRN OTC

Order#: 28158 Drug: GERI-TUSSIN DM 10-100MG/5ML OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 10 ML BY MOUTH FOUR TIMES DAILY AS NEEDED - COUGH WITHOUT NASAL CONGESTION

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 480800

PRN OTC

Order#: 28159 Drug: HYDROCORTISONE 1% CREAM OrigDt: 9/25/2024 Last Fill 9/25/2024

APPLY TO AFFECTED AREA SPARINGLY FOUR TIMES DAILY AS NEEDED - INSECT BITES, POISON IVY, OR DERMATITIS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 840608

PRN OTC

Order#: 28161 Drug: MILK OF MAGN SUS 400/5ML CHERR OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 30 ML BY MOUTH EVERY DAY AS NEEDED FOR CONSTIPATION / NO BOWEL MOVEMENT IN 3 DAYS *CALL SUPERVISOR/NURSING IF NO BOWEL MOVEMENT WITHIN 6HRS OF ADMIN*

Drug Group: *LAXATIVES*

Therapeutic Class: 561200

PRN OTC

Order#: 28162 Drug: OFF FAMILYCARE 7% RPLNT SPRAY OrigDt: 9/25/2024 Last Fill 9/25/2024

MAY USE WITH LOW DEET RATION WHEN ON OUTINGS PER PACKAGE DIRECTIONS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 849200

PRN OTC

Order#: 28163 Drug: SORE THROAT SPR 1.4% LIQ S/F OrigDt: 9/25/2024 Last Fill 9/25/2024

SPRAY THROAT 5 TIMES AND SWALLOW. MAY REPEAT Q2H PRN. - IRRITATED THROAT *CALL SUPERVISOR/NURSING IF TEMP > 100 OCCURS*

Drug Group: *MOUTH/THROAT/DENTAL AGENTS*

Therapeutic Class: 522800

PRN OTC

Order#: 28164 Drug: SUNSCREEN SP SPF 50 OrigDt: 9/25/2024 Last Fill 9/25/2024

MAY USE TOPICALLY WHEN ON OUTINGS - ON SUNDAY PROTECTION

Drug Group:

Therapeutic Class:

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: No Known Drug Allergy

Dx: DELUSIONAL DISORDER, TYPE2 DIABETES, ANEMIA, HYPERTENSION, ESSENTIAL TREMOR, GERD, VITD
DEFICIENCY MIXED HYPERLIPIDEMIA

Order#: 28165 Drug: VASELINE LIP THER OINT
APPLY TOPICALLY TO LIPS FOUR TIMES DAILY AS NEEDED - DRY LIPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

Drug Group:

Therapeutic Class:

PRN OTC

Order#: 22935 Drug: ALCOHOL 70% PREPS PAD
USE AS DIRECTED

OrigDt: 6/29/2023 Last Fill 6/29/2023

Drug Group: *MEDICAL DEVICES AND SUPPLIES*

Therapeutic Class: 940000

Supply OTC

Order#: 29810 Drug: EASY TOUCH SAFETY LANCETS 28G
USE AS DIRECTED

OrigDt: 6/29/2023 Last Fill 1/28/2025

Drug Group: *MEDICAL DEVICES AND SUPPLIES*

Therapeutic Class: 940000

Supply OTC

Order#: 22933 Drug: TRUE METRIX BLD GLC METER KIT
FOR BG TESTING

OrigDt: 6/29/2023 Last Fill 6/29/2023

Drug Group: *MEDICAL DEVICES AND SUPPLIES*

Therapeutic Class: 940000

Supply OTC

Order#: 26533 Drug: TRUE METRIX MONITORING STRP
USE AS DIRECTED

OrigDt: 11/15/2021 Last Fill 9/18/2024

Drug Group: *DIAGNOSTIC PRODUCTS*

Therapeutic Class: 362600

Supply OTC

The Pharmacist signature below indicates a 6 month drug regimen review has been completed

Pharmacy Comments:

*Duplicate therapy; consider D/c of one - metformin
& pioglitazone*

Pharmacist Signature:



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: Seasonale

Dx:

Order#: 29411 Drug: LISINOPRIL 10MG TAB

OrigDt: 12/2/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY - BLOOD PRESSURE

Drug Group: *ANTIHYPERTENSIVES*

Therapeutic Class: 243204

Chronic RX

Order#: 28760 Drug: LOPERAMIDE 2MG CAPS

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 CAPSULES =4MG BY MOUTH AFTER 1ST DIARRHEA STOOL ; TAKE 1 CAPSULE AFTER EACH SUBSEQUENT LOOSE STOOL (CALL SUPERVISOR/NURSING FOR DIARRHEA LASTING LONGER

Drug Group: *ANTIDIARRHEAL/PROBIOTIC AGENTS*

Therapeutic Class: 560800

Chronic RX

Order#: 24034 Drug: TRIAMCINOLONE 0.5% CREAM

OrigDt: 11/27/2023 Last Fill 11/27/2023

APPLY TO AFFECTED AREA TWICE A DAY

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 840608

Chronic RX

Order#: 29412 Drug: LORATADINE 10MG TAB

OrigDt: 12/2/2024 Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME - ALLERGIES

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040800

Chronic OTC

Order#: 22875 Drug: ACETAMINOPHEN 325MG TAB

OrigDt: 6/23/2023 Last Fill 6/23/2023

TAKE 2 TABLETS (650MG) BY MOUTH AS NEEDED

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC

Order#: 24727 Drug: ACETAMINOPHEN 325MG TAB

OrigDt: 2/26/2024 Last Fill 2/26/2024

TAKE 2 TABLETS (650MG) BY MOUTH EVERY 6 HOURS AS NEEDED FOR MODERATE PAIN (4-6)

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC

Order#: 28751 Drug: ACETAMINOPHEN ES 500MG TAB

OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 2 TABLETS =1000MG BY MOUTH EVERY 6 HOURS AS NEEDED - MILD PAIN/TEMP >100 *CALL SUPERVISOR/NURSING IF TEMP >100 ONE HOUR AFTER ADMIN OR PAIN UNRELIEVED*

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient: [REDACTED]

Birth Date: [REDACTED]

Allergy: Seasonale

Dx:

Order#: 28752 Drug: ARTIFICIAL TEARS DROPS OrigDt: 9/25/2024 Last Fill 9/25/2024

INSTILL 2 DROPS INTO AFFECTED EYE(S) TWICE DAILY AS NEEDED - DRY/IRRITATED EYES *CALL SUPERVISOR/IRRITATED EYES NOT RELIEVED*

Drug Group: *OPHTHALMIC AGENTS* Therapeutic Class: 529200

PRN OTC

Order#: 28753 Drug: BANOPHEN 25MG CAPS OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED - ALLERGIC SYMPTOMS *CALL SUPERVISOR/NURSING IF SYMPTOMS NOT RELIEVED*

Drug Group: *ANTIHISTAMINES* Therapeutic Class: 040400

PRN OTC

Order#: 28754 Drug: DEEP SEA NASAL SPRAY 0.65% SOL OrigDt: 9/25/2024 Last Fill 9/25/2024

SPRAY 2 SPRAYS IN EACH NOSTRIL THREE TIMES DAILY AS NEEDED - NASAL CONGESTION

Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL* Therapeutic Class: 529200

PRN OTC

Order#: 28755 Drug: EAR DROPS 6.5% OTIC SOL(DEBROX) OrigDt: 9/25/2024 Last Fill 9/25/2024

PLACE 5 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR UP TO 4 DAYS AS NEEDED - EAR WAX REMOVAL

Drug Group: *OTIC AGENTS* Therapeutic Class: 520424

PRN OTC

Order#: 28756 Drug: GERI-LANTA SUSP 200/200/20mg OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - INDIGESTION/HEARTBURN *CALL SUPERVISOR/NURSING IF NO RELIEF AFTER 1HR OF ADMIN*

Drug Group: *ANTACIDS* Therapeutic Class: 560400

PRN OTC

Order#: 28757 Drug: GERI-TUSSIN 100MG/5ML SF/AF OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - NASAL/CHEST CONGESTION AND COUGH SUPPRESSANT

Drug Group: *COUGH/COLD/ALLERGY* Therapeutic Class: 481600

PRN OTC

Order#: 28758 Drug: GERI-TUSSIN DM 10-100MG/5ML OrigDt: 9/25/2024 Last Fill 9/25/2024

TAKE 10 ML BY MOUTH FOUR TIMES DAILY AS NEEDED - COUGH WITHOUT NASAL CONGESTION

Drug Group: *COUGH/COLD/ALLERGY* Therapeutic Class: 480800

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: Seasonal

Dx:

Order#: 28759 Drug: HYDROCORTISONE 1% CREAM

OrigDt: 9/25/2024

Last Fill 9/25/2024

APPLY TO AFFECTED AREA SPARINGLY FOUR TIMES DAILY AS NEEDED - INSECT BITES, POISON IVY, OR DERMATITIS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 840608

PRN

OTC

Order#: 28761 Drug: MILK OF MAGN SUS 400/5ML CHERR

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 30 ML BY MOUTH EVERY DAY AS NEEDED FOR CONSTIPATION / NO BOWEL MOVEMENT IN 3 DAYS *CALL SUPERVISOR/NURSING IF NO BOWEL MOVEMENT WITHIN 6HRS OF ADMIN*

Drug Group: *LAXATIVES*

Therapeutic Class: 561200

PRN

OTC

Order#: 28762 Drug: OFF FAMILYCARE 7% RPLNT SPRAY

OrigDt: 9/25/2024

Last Fill 9/25/2024

MAY USE WITH LOW DEET RATION WHEN ON OUTINGS PER PACKAGE DIRECTIONS

Drug Group: *DERMATOLOGICALS*

Therapeutic Class: 849200

PRN

OTC

Order#: 28763 Drug: SORE THROAT SPR 1.4% LIQ S/F

OrigDt: 9/25/2024

Last Fill 9/25/2024

SPRAY THROAT 5 TIMES AND SWALLOW. MAY REPEAT Q2HPRN. - IRRITATED THROAT *CALL SUPERVISOR/NURSING IF TEMP>100 OCCURS*

Drug Group: *MOUTH/THROAT/DENTAL AGENTS*

Therapeutic Class: 522800

PRN

OTC

Order#: 28764 Drug: SUNSCREEN SP SPF 50

OrigDt: 9/25/2024

Last Fill 9/25/2024

MAY USE TOPICALLY WHEN ON OUTINGS - ON SUNDAY PROTECTION

Drug Group:

Therapeutic Class:

PRN

OTC

Order#: 28765 Drug: VASELINE LIP THER OINT

OrigDt: 9/25/2024

Last Fill 9/25/2024

APPLY TOPICALLY TO LIPS FOUR TIMES DAILY AS NEEDED - DRY LIPS

Drug Group:

Therapeutic Class:

PRN

OTC

The Pharmacist signature below indicates a 6 month drug regimen review has been completed

Pharmacy Comments:

No recommendations

Pharmacist Signature:



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: No Known Drug Allergy

Dx:

Order#: 29448 Drug: CHLORHEXIDINE GLUC 0.12% SOLN OrigDt: 1/30/2023 Last Fill 1/23/2025

FILL "CAP" TO LINE WITH SOLUTION AND SWISH FOR 30 SECONDS TWICE A DAY SPIT OUT, DO NOT SWALLOW.

Drug Group: *MOUTH/THROAT/DENTAL AGENTS*

Therapeutic Class: 520424

Chronic RX

Order#: 25684 Drug: FLUTICASONE 50MCG/ACT NS (RX)

OrigDt: 6/17/2016

Last Fill 11/27/2024

INHALE 1 SPRAY IN EACH NOSTRIL ONCE DAILY

Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL*

Therapeutic Class: 520808

Chronic RX

Order#: 28775 Drug: LOPERAMIDE 2MG CAPS

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 2 CAPSULES =4MG BY MOUTH AFTER 1ST DIARRHEA STOOL ; TAKE 1 CAPSULE AFTER EACH SUBSEQUENT LOOSE STOOL (CALL SUPERVISOR/NURSING FOR DIARRHEA LASTING LONGER

Drug Group: *ANTIDIARRHEAL/PROBIOTIC AGENTS*

Therapeutic Class: 560800

Chronic RX

Order#: 29186 Drug: SIMVASTATIN 40MG TAB

OrigDt: 10/23/2024

Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH AT BEDTIME

Drug Group: *ANTHYPERLIPIDEMICS*

Therapeutic Class: 240608

Chronic RX

Order#: 26358 Drug: OCUSOFT LID SCRUB PAD

OrigDt: 4/24/2009

Last Fill 2/3/2025

USE ON LIDS ONCE DAILY BOTH EYES

Drug Group:

Therapeutic Class:

Chronic OTC

Order#: 29601 Drug: VICKS VAPORUB OINT

OrigDt: 12/30/2024

Last Fill 12/30/2024

APPLY TOPICALLY TO NAILS ONCE DAILY

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 929200

Chronic OTC

Order#: 29138 Drug: VITAMIN C 500MG TAB

OrigDt: 10/21/2024

Last Fill 1/16/2025

TAKE 1 TABLET BY MOUTH ONCE DAILY.

Drug Group: *VITAMINS*

Therapeutic Class: 881200

Chronic OTC

Order#: 28766 Drug: ACETAMINOPHEN ES 500MG TAB

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 2 TABLETS =1000MG BY MOUTH EVERY 6 HOURS AS NEEDED - MILD PAIN/TEMP >100 *CALL SUPERVISOR/NURSING IF TEMP >100 ONE HOUR AFTER ADMIN OR PAIN UNRELIEVED*

Drug Group: *ANALGESICS - NonNarcotic*

Therapeutic Class: 280816

PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: No Known Drug Allergy

Dx:

Order#: 25168 Drug: ANTI-DIARRHEAL 2MG TAB

OrigDt: 4/19/2024

Last Fill 4/19/2024

TAKE 1 TABLET BY MOUTH FOUR TIMES DAILY AS NEEDED FOR DIARRHEA

Drug Group: *ANTIDIARRHEAL/PROBIOTIC AGENTS*

Therapeutic Class: 560800

PRN

OTC

Order#: 28767 Drug: ARTIFICIAL TEARS DROPS

OrigDt: 9/25/2024

Last Fill 9/25/2024

INSTILL 2 DROPS INTO AFFECTED EYE(S) TWICE DAILY AS NEEDED - DRY/IRRITATED EYES *CALL SUPERVISOR/IRRITATED EYES NOT RELIEVED*

Drug Group: *OPHTHALMIC AGENTS*

Therapeutic Class: 529200

PRN

OTC

Order#: 28768 Drug: BANOPHEN 25MG CAPS

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY AS NEEDED - ALLERGIC SYMPTOMS *CALL SUPERVISOR/NURSING IF SYMPTOMS NOT RELIEVED*

Drug Group: *ANTIHISTAMINES*

Therapeutic Class: 040400

PRN

OTC

Order#: 28769 Drug: DEEP SEA NASAL SPRAY 0.65% SOL

OrigDt: 9/25/2024

Last Fill 9/25/2024

SPRAY 2 SPRAYS IN EACH NOSTRIL THREE TIMES DAILY AS NEEDED - NASAL CONGESTION

Drug Group: *NASAL AGENTS - SYSTEMIC AND TOPICAL*

Therapeutic Class: 529200

PRN

OTC

Order#: 28770 Drug: EAR DROPS 6.5% OTIC SOL(DEBROX)

OrigDt: 9/25/2024

Last Fill 9/25/2024

PLACE 5 DROPS IN AFFECTED EAR(S) TWICE A DAY FOR UP TO 4 DAYS AS NEEDED - EAR WAX REMOVAL

Drug Group: *OTIC AGENTS*

Therapeutic Class: 520424

PRN

OTC

Order#: 28771 Drug: GERI-LANTA SUSP 200/200/20mg

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - INDIGESTION/HEARTBURN *CALL SUPERVISOR/NURSING IF NO RELIEF AFTER 1HR OF ADMIN*

Drug Group: *ANTACIDS*

Therapeutic Class: 560400

PRN

OTC

Order#: 28772 Drug: GERI-TUSSIN 100MG/5ML SF/AF

OrigDt: 9/25/2024

Last Fill 9/25/2024

TAKE 10 ML BY MOUTH EVERY 4 HOURS AS NEEDED - NASAL/CHEST CONGESTION AND COUGH SUPPRESSANT

Drug Group: *COUGH/COLD/ALLERGY*

Therapeutic Class: 481600

PRN

OTC



UMAR

UMAR PITZER

Primary Physician:

Patient

Birth Date:

Allergy: No Known Drug Allergy

Dx:

Order#: 28773 Drug: GERI-TUSSIN DM 10-100MG/5ML OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 10 ML BY MOUTH FOUR TIMES DAILY AS NEEDED - COUGH WITHOUT NASAL CONGESTION
Drug Group: *COUGH/COLD/ALLERGY* Therapeutic Class: 480800
PRN OTC

Order#: 28774 Drug: HYDROCORTISONE 1% CREAM OrigDt: 9/25/2024 Last Fill 9/25/2024
APPLY TO AFFECTED AREA SPARINGLY FOUR TIMES DAILY AS NEEDED - INSECT BITES, POISON IVY, OR DERMATITIS
Drug Group: *DERMATOLOGICALS* Therapeutic Class: 840608
PRN OTC

Order#: 28776 Drug: MILK OF MAGN SUS 400/5ML CHERR OrigDt: 9/25/2024 Last Fill 9/25/2024
TAKE 30 ML BY MOUTH EVERY DAY AS NEEDED FOR CONSTIPATION / NO BOWEL MOVEMENT IN 3 DAYS *CALL
SUPERVISOR/NURSING IF NO BOWEL MOVEMENT WITHIN 6HRS OF ADMIN*
Drug Group: *LAXATIVES* Therapeutic Class: 561200
PRN OTC

Order#: 28777 Drug: OFF FAMILYCARE 7% RPLNT SPRAY OrigDt: 9/25/2024 Last Fill 9/25/2024
MAY USE WITH LOW DEET RATION WHEN ON OUTINGS PER PACKAGE DIRECTIONS
Drug Group: *DERMATOLOGICALS* Therapeutic Class: 849200
PRN OTC

Order#: 28778 Drug: SORE THROAT SPR 1.4% LIQ S/F OrigDt: 9/25/2024 Last Fill 9/25/2024
SPRAY THROAT 5 TIMES AND SWALLOW. MAY REPEAT Q2HPRN. - IRRITATED THROAT *CALL SUPERVISOR/NURSING IF TEMP>100
OCCURS*
Drug Group: *MOUTH/THROAT/DENTAL AGENTS* Therapeutic Class: 522800
PRN OTC

Order#: 28779 Drug: SUNSCREEN SP SPF 50 OrigDt: 9/25/2024 Last Fill 9/25/2024
MAY USE TOPICALLY WHEN ON OUTINGS - ON SUNDAY PROTECTION
Drug Group: Therapeutic Class:
PRN OTC

Order#: 28780 Drug: VASELINE LIP THER OINT OrigDt: 9/25/2024 Last Fill 9/25/2024
APPLY TOPICALLY TO LIPS FOUR TIMES DAILY AS NEEDED - DRY LIPS
Drug Group: Therapeutic Class:
PRN OTC



UMAR

UMAR PITZER

Primary Physician:

Patient [REDACTED]

Birth Date: [REDACTED]

Allergy: No Known Drug Allergy

Dx:

The Pharmacist signature below indicates a 6 month drug regimen review has been completed

Pharmacy Comments: No recommendations

Pharmacist Signature: [REDACTED]



June 7th, 2025

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual Survey Completed May 21, 2025
Monarch dba UMAR-Pitzer, 200 Wellington Drive, Lincolnton, NC 28092
MHL# [REDACTED]

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey above.

Please let me know if you have any questions. Thank you.

Sincerely,

